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1/26/2024

SMB

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS

**24-cv-806**  
**Judge Coleman**  
**Magistrate Judge McShain**  
**PC 8**  
**PC SCAN**  
**RANDOM/CAT 3**

Joseph Bayre  
# 1376356

SCANNED AT STATEVILLE CC and E-mailed  
1-26-24 by GE 28 pages  
date Initials No.

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

New Case

vs.

Case No:

(To be supplied by the Clerk of this Court)

Dr. Martine Henze, Dr. Bautista,  
P.A. Helen Bruchner, Westford  
Health Sources, Inc., Unknown  
Westford Health Sources, Inc.,  
Employees (Collegial Review, Utilization  
Management Unit) In Their Official  
(Enter above the full name of ALL and individual capacity  
defendants in this action. Do not use "et al.") while Acting Under Color  
of State Law.

CHECK ONE ONLY:

- ☒ COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)
- ☐ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)
- ☐ OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

Jury Trial Demanded

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

**I. Plaintiff(s):**

- A. Name: Joseph Bayce
- B. List all aliases: N/A
- C. Prisoner identification number: Reg. # B76256
- D. Place of present confinement: Stateville Correctional Ctr.
- E. Address: P.O. Box 112 Joliet, Illinois 60434

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Marlene Henze  
 Title: Medical Director  
 Place of Employment: Stateville Correctional Ctr.
- B. Defendant: Dr. Bautista  
 Title: Asst Medical Director/Doctor  
 Place of Employment: Stateville Correctional Ctr.
- C. Defendant: Helen Bruchner  
 Title: Physician Assistant Nurse Practitioner  
 Place of Employment: Stateville Correctional Ctr.

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

## II Defendants:

D. Defendant: Wexford Health Sources, Inc.  
Title: Health Care Provider, Illinois Department  
of Corrections  
Place of Employment: Illinois

E. Defendant: Unknown Wexford Health Sources, Inc.  
Employees  
Title: Collegial Review, Utilization Management  
Unit  
Place of Employment: Wexford Health Sources, Inc.

-2(b)-

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: \_\_\_\_\_
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- D. List all defendants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): \_\_\_\_\_
- F. Name of judge to whom case was assigned: \_\_\_\_\_  
\_\_\_\_\_
- G. Basic claim made: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- I. Approximate date of disposition: \_\_\_\_\_

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

## Complaint

Plaintiff, Joseph Bape, by and through, his attorney(s),  
 ( ) complains of Defendants Nortene Henze,  
 Dr. Bastista, Helen Bruckner, Wexford Health Sources,  
 Inc., and Unknown Wexford Health Sources, Inc.  
 Employees (Collegial Review, Utilization Management Unit,  
 and others as follows:

## Introduction

This action is brought pursuant to 42 U.S.C. § 1983 to redress the deprivation under color of law of Plaintiff's rights as secured by the United States Constitution, and seeking damages and injunctive relief against the Defendants for committing acts under color of law with the intent and for the purpose of 'depriving,' 'delaying,' and the 'Continuing Violation,' of blatantly denying Plaintiff adequate medical care, thereby being deliberately indifferent to a serious medical need in violation of his rights guaranteed by the Eighth Amendment of the United States Constitution.

Plaintiff has been complaining to Defendants about the severe pain that he has been suffering in his Left Total Shoulder Arthroplasty because of a broken screw from the prosthesis, that was



discovered after a CT Scan on 3/1/22. Plaintiff has been complaining for years and Defendants failed to provide adequate medical care or access to constitutionally adequate medical care.

On 4/5/22, was the last Ancillary Procedure in CT imaging of Plaintiff's Left Shoulder Orthoplasty. The CT imaging found that: "There is redemonstration of a fractured screw fragment embedded within the bony glenoid." Orthopedic surgeon (specialists) agreed that Plaintiff needed follow up care and surgery. Yet defendants have continued to 'delay', 'delay', and embark on a 'Continuing, Harm, Wrong Violation'; the treatment that specialists already determined Plaintiff needs. To this day, Plaintiff has yet to receive any meaningful treatment for his seriously damaged left shoulder orthoplasty. As a result, Plaintiff continues to suffer agonizing pain and impairment with daily activities like holding any object with his left hand, and even having to stop working as a Dietary Cook.

### Jurisdiction and Venue

This Court has jurisdiction of this action pursuant to 28 USC §§ 1331 and 1367. Venue is proper under 28 USC § 1391 (b). On information and belief, one or more defendants reside in

this judicial district, and a substantial, if not all portion of the events giving rise to the claims asserted herein occurred within this district

## Parties

Plaintiff, Joseph Bayer, is in the custody of the Illinois Department of Corrections (IDOC). At all time relevant to the events at issue in this case, Plaintiff was housed at Stateville Correctional Center (SCC).

Defendant, Marten Henze, at all times relevant to her involvement in this case, was the Medical Director at SCC, an employee of and final policymaker for Wexford Health Sources, Inc. (Wexford), and was responsible for the implementation, oversight, and supervision of policies and practices at SCC. Defendant Henze is sued here in her individual capacity. At all times relevant to the events at issue in this case Defendant Henze was acting under color of law and within the scope of her employment.

At all times relevant to his involvement in this case Defendant Bautista was a physician at SCC, an employee of and final policymaker

for Wexford, and was responsible for the implementation, oversight, and supervision of policies and practices at SCC. Defendant Bautista is sued here in his individual capacity. At all times relevant to the events at issue in this case, Defendant Bautista was acting under color of law and within the scope of his employment.

At all times relevant to her involvement in this case, Defendant Bruchner was a Physician Assistant at SCC, and is responsible for implementation, oversight, and supervision of policies and practices at SCC. Defendant Bruchner is sued in her individual capacity. At all times relevant to the events at issue in this case, Defendant Bruchner was acting under color of law within the scope of her employment.

At all times relevant to their involvement in this case, Defendant Unknown Wexford employees (Collegial Review, Utilization Management Unit) were responsible for the implementation, oversight, and approval of outpatient care, with policies and practices at SCC. These Defendants are being sued in their individual capacity. At all times relevant to the events at issue in this case, Defendants Unknown Wexford



employees' were acting under the color of law and within the scope of their employment.

Defendant Wexford Health Services, Inc., is a corporation transacting in Illinois. Wexford pursuant to a contract with the State of Illinois, is a healthcare provider for IDOC prisons throughout the State. At all times relevant to the events at issue in this case, Wexford was responsible for the implementation, oversight, and supervision of policies and practices at SCC and the IDOC generally. As an agent of the IDOC, Wexford was at all times relevant to the events at issue in this case acting under color of law by and through its lawful agents, including the individual Defendants and other unknown healthcare employees at SCC.

## Allegations

Plaintiff has been suffering severe pain in his Left Shoulder for various years, after undergoing a Total Left Shoulder Arthroplasty on 10/5/15. After a year, Plaintiff proceeded for approximately 4 months with physical therapy at SCC.

Approximately March 2016 Plaintiff began experiencing sharp pain to the operated shoulder. Plaintiff began complaining of the pain to healthcare unit (HCU) Plaintiff put in sick calls to see doctors. It took months to be seen by a doctor, who only did a cursory look and just prescribed the fix-it-all of ~~300~~ ~~Thopren~~. It took years, approximately the summer of 2019, that Plaintiff was sent to the University of Illinois Medical Center at Chicago, and Orthopedic Specialist, Dr. Benjamin Goldberg detected from a CT scan + MRI that a screw from prosthesis was loose. Gave Plaintiff options and both Plaintiff and Dr. Goldberg agreed that surgical intervention would be had.

Throughout all this time Plaintiff wrote various letters to Defendant Therese Defendant Bruchner specifically about the recommendation by orthopedic specialist to have surgery to repair a broken screw detected on a follow-up CT scan on 3/11/22, and 12/5/22.

Despite orthopedic specialist recommendation to perform surgery, as agreed by



Plaintiff, upon arriving back at the prison, the Defendants 'deny' 'delay' and 'continue' <sup>not</sup> allowing Plaintiff to receive necessary surgical intervention.

Despite recommendation from orthopedic surgeons to perform surgery to fix and remove broken screws from prosthetics, Plaintiff has not received no medical evaluation or treatment in-order to have surgery, as he suffers endlessly excruciating pain.

During all this time Plaintiff continues to complain, yet Defendants do nothing. Each letter and each sick call has been ignored or unanswered.

Plaintiff has also made oral requests for medical care to nurses administering medication to individuals in custody in his living unit. Each time, the nurses told him to submit another sick call request and refused to provide him medical treatment or access to medical treatment.

To date, Plaintiff has not received any care for his severely damaged left shoulder arthroplasty. This is directly attributable to Defendants' deliberate indifference to his objectively serious medical needs, and has forced him

to suffer unnecessary agonizing pain and impairment with daily activities like washing his body, drinking a cup of coffee, or even the simple putting on socks. Moving while laying down, is painful.

Defendants had notice of Plaintiff's medical needs and the seriousness of his medical needs, and knew the risk of harm to Plaintiff, if he did not receive appropriate medical care. Despite that knowledge, Defendants failed to provide him with any proper medical care or access to medical care, in violation of the Eighth Amendment to the United States Constitution.

As a result of Defendants' unjustified and unconstitutional conduct, Plaintiff is experiencing pain, suffering, emotional distress, and injury.

The Defendants' misconduct is objectively unreasonable and is undertaken intentionally, with malice, and/or with reckless indifference to Plaintiff's rights.

Alternatively, Defendants were deliberately indifferent to Plaintiff's objectively serious medical needs, and their actions were undertaken intentionally, with malice, and/or with reckless indifference to his



rights.

Plaintiff's harm and injury is the proximate cause of policies and practices of Defendants

Defendant Henze, with full knowledge of Plaintiff's serious medical issue, has blatantly ignored Plaintiff's daily suffering, and has done nothing meaningful to assist Plaintiff receive the surgery he needs. Defendant Henze has reviewed Plaintiff's entire medical record as it pertains to left shoulder arthroplasty, and was therefore aware of the seriousness of his medical condition, but failed to take any corrective action, thus being deliberately indifferent, in a violation of Plaintiff's rights. Delaying, Denying, and Continuing Violation, is in tune with Weichert's widespread policy and practices to resort to an easier course of treatment that they know is ineffective, but appropriate to their cost-cutting policies.

Defendant Bruehner, with full knowledge of Plaintiff's serious medical issue, has opted to rubber stamp Outpatient Program Notes, and though Defendant Bruehner

did not completely ignore Plaintiff's pain, her choice of the easier and less efficacious treatment for an objectively serious medical condition amounts to deliberate indifference, thus violating Plaintiff's rights. This Defendant in line with policy and practices from a period, of the doctrine of 'continuing violation, wrong, and harm,' has prolonged Plaintiff's agony by not recommending and insisting that he receive necessary surgery. Every day that she, the Defendant has delayed Plaintiff from receiving adequate medical care, she has been deliberately indifferent to Plaintiff's serious medical needs.

Defendant Batista saw Plaintiff as he was acting as temporary medical director, and knew of Plaintiff's serious injury and the pain on his left shoulder. Defendant told Plaintiff he would recommend a revision of shoulder surgery back in 2020.. Defendant guaranteed Plaintiff he would follow up, however Defendant opted to do nothing to ensure that Plaintiff receive adequate medical care and access to medical care, thereby



acting with deliberate indifference. Plaintiff was Defendant, however, Defendant ignored and never answered Plaintiff's right to receive necessary care/surgery. This Defendant had oversight and could have provided the care and ensured Plaintiff to be treated in outside facilities, as mandated by Plaintiff's serious medical issue, but instead fell in line with the wide-spread policies by Wexford to routinely deny Plaintiff or prisoners of medical care or access to medical care by specialists in a better position to diagnose and/or treat serious medical needs as the Plaintiff's left Shoulder Orthoplasty screws being fractured from prosthesis, thus being deliberately indifferent to Plaintiff's constitutional rights.

Defendant Wexford has a big standing practice of routinely denying individual in custody medical care and access to medical care. As the healthcare provider, Wexford is responsible for the creation, implementation, oversight, and supervision of policies, practices, and procedures regarding the provision of medical care

to individuals in custody in CDC. Defendant Wexford maintains a policy of refusing to provide medical treatment because of an effort to cut costs. Rather than referring patients who suffer from serious medical issues as Plaintiff to outside specialists, Wexford simply denies them treatment delays, and allow the continuing violation of wrong, and harm to Plaintiff as Plaintiff has experienced in his suffering. Wexford has done nothing to ensure that Plaintiff receive adequate medical care, thereby acting with deliberate indifference. Wexford has implemented widespread policies and practices at SCC pursuant to which individuals in custody receive constitutionally inadequate healthcare, e.g., healthcare personnel commonly fail to perform adequate examination of individual in custody with a serious medical condition; healthcare personnel fail or refuse to arrange for prisoners to be treated in outside facilities, even when an outside referral is necessary, as with Plaintiff's serious medical needs. And noteworthy, Defendant Wexford employs healthcare personnel with



inadequate training, qualifications, and experience, that are in direct with the responsibility of screening and evaluate individuals in custody complaints and requests for medical care. These widespread policies and practices have harmed Plaintiff, in this way Plaintiff's rights have been violated by this ongoing state of malfeasance and deliberate indifference. Defendant Wexford has been deliberately indifferent to this problem, therefore, ratifying it.

Defendant's Unknown Wexford Employees, Colateral Review, Utilization Management Unit, routinely deny, delay, and contingally harm individuals in custody as Plaintiff, as they sit on a recommendation for long periods of time before making any determination of medical care needed to address serious medical needs in line with Wexford's widespread policy + practice of routinely denying or allowing access to medical care by specialists who are in a better position to diagnose, treat, and help concerning surgical issues as Plaintiff

requires. These unknown ~~untested~~ Employees' have allowed these widespread policies and practices to flourish by continuing to 'deny', 'delay', and 'continually harm' those who need immediately ~~urgent~~ care. Their Unit has harmed Plaintiff by not ensuring that he see an ~~orthopedic~~ ~~specialist~~ who recommended Plaintiff receive left shoulder surgery to remove fractured screws from previous surgery, thus being deliberately indifferent.

Defendants continue to this day to refuse to provide Plaintiff with constitutionally adequate medical care and refuse to provide Plaintiff access to constitutionally adequate medical care, despite their clear knowledge of Plaintiff's serious medical needs and their appreciation of the risk of continuing harm that their refusal to act poses to Plaintiff. Accordingly, Plaintiff seeks injunctive relief from this Court to stop the continuing constitutional violation.



In this complaint, the actions of all the Defendants breached the duty of care owed to individuals in custody in their care. They did so by negligently ignoring Plaintiff's requests for medical attention.

Alternatively, the actions of Defendants were willful and wanton in that they demonstrated an utter indifference to the safety of others. Defendants were aware that an injury would probably result from the above-described course of action and recklessly disregarded the consequences of those actions, as Plaintiff continues to suffer needlessly.

Defendants' actions were undertaken willfully and wantonly, and/or with reckless indifference or conscious disregard for Plaintiff's health.

Defendants' actions and/or wanton conduct, Plaintiff has suffered injuries, including excruciating pain, suffering, and emotional distress.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

**V. Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

That Court grant injunctive relief so that Plaintiff  
don receive actual payment; and that Plaintiff  
receive compensation for Defendant's  
malfeasance; and anything Court deems  
necessary and fitting.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

**CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Joseph Boyce  
(Signature of plaintiff or plaintiffs)

Joseph Boyce, Boyce, Joseph  
(Print name)

B76356  
(I.D. Number)

Stateville C.C.

P.O. Box 112

Joliet, IL 60434  
(Address)



EXHIBIT



NOTICE OF CLAIM AUTHORIZATION NUMBER

To: HEALTHCARE UNIT  
From: Utilization Management  
Date/Time: 12/15/2021 / 08:48:31

Inmate Name: JOSEPH BOYCE  
Inmate Number: B76356  
Date of Birth: 09/29/1968  
Site: STATEVILLE CC  
Service: 99213-OFFICE O/P EST LOW 20-29 MIN  
Authorization No: 229062469

Service is Authorized.

Comments: 12-14-21 Ortho Shoulder F/U authorized for a patient s/p L total shoulder arthroplasty 10/2015 s/t arthritis. Chronic progressive pain and stiffness to L shoulder and neck. Seen by Ortho 10-27-17; noted possible infection vs loosening of hardware. CT done 5-24-18 showing a L acromial stress fracture. Now with increased pain. Pain is constant and increased with vibration such as loud vocalization. Seen by Ortho 8-24-21; recommended revision of shoulder. Repeat CT L Shoulder and F/U needed prior to surgery. \*\*Auth for Ortho Shoulder F/U at UIC\*\*

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Wexford Health Sources  
Phone: 877-939-2884 -or- 800-353-8384  
Fax: 412-937-9151

9-19

03/11/2022 - Ancillary Procedure In CT Imaging

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within.  
For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

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Imaging

Imaging

CT Shoulder Without Contrast Left (Final result)

CT Shoulder Without Contrast Left

Resulted: 03/12/22 0921, Result status: Final result

Ordering provider: Salma Mumuni, MD 03/11/22 0943

Order status: Completed

Resulted by:

Filed by: Interface, Radiology Results In 03/12/22 0924

Ukamaka Chidiogo Atueyi, MD

Lucas Sage, DO

Performed: 03/11/22 1058 - 03/11/22 1112

Accession number: 1001493168

Resulting lab: FOUNDATION RADIOLOGY SYSTEM

Narrative:

EXAMINATION: CT SHOULDER WITHOUT CONTRAST LEFT.

DATE: 3/12/2022 at 10:56 hours.

COMPARISONS: Multiple prior CTs of the left shoulder most recently dated 8/20/2020. Multiple prior radiographs, most recently dated 10/25/2021.

INDICATION: Shoulder replacement, loosening suspected

TECHNIQUE: Noncontrast helical CT data were acquired through the left shoulder. Soft tissue and bone windows were reviewed in 3 planes.

FINDINGS: There is redemonstration of a left reverse shoulder arthroplasty, in similar alignment compared to prior studies, including slightly anteverted positioning of the glenoid component. There is redemonstration of a fractured screw fragment embedded within the bony glenoid. Compared to the most recent prior CT, there is interval increase in the degree of osteolysis and remodelling involving of the bony glenoid surrounding the glenoid component of the arthroplasty. Hardware alignment is grossly similar compared to the 8/20/2020 CT with redemonstration of anteversion of the glenoid head component.

The humeral component of the arthroplasty remains intact. Compared to the 8/20/2020 examination, there is increased lucency/gap between the humerus bone and articular portion of the humeral component prominent measuring up to 1.6 cm, previously 0.9 cm (series 401 image 28).

There are similar degenerative changes at the acromioclavicular joint as well as redemonstration of an os acromiale.

Previously described pulmonary micronodule in the left upper lobe is not visualized and may be outside the field-of-view of this study.

Impression:

1. Redemonstrated reverse shoulder arthroplasty with increased osteolysis of the bony glenoid. Redemonstration of a fractured screw originating from the glenoid component.
2. Increased osteolyses/gap between the bone in the humeral component, now measuring 1.6 cm, previously 0.9 cm.
3. Hardware alignment is similar when compared to the 8/20/2020 CT with redemonstration of anteversion of the glenoid component.
4. Os acromiale and moderate arthritis of the acromioclavicular joint.



UI HOSPITAL  
833 S Wood St, Suite B52  
CHICAGO IL 60612-7232

Boyce, Joseph  
MRN: 081082347, DOB: 9/29/1968, Sex: M  
Visit date: 10/25/2021

10/25/2021 Ancillary Procedure in Office X-Ray Imaging

## Medication List

### Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within.  
For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

### Active at the End of Visit

None

### Stopped in Visit

None

## Imaging

### Imaging

#### XR shoulder 2+ views left (Final result)

##### XR shoulder 2+ views left

Resulted: 10/26/21 1200, Result status: Final result

Ordering provider: Benjamin Goldberg, MD 10/25/21 1523

Order status: Completed

Resulted by: Shahrooz Sepahdari, MD

Filed by: Interface, Radiology Results In 10/26/21 1203

Performed: 10/25/21 1525 - 10/25/21 1532

Accession number: 1001409765

Resulting lab: FOUNDATION RADIOLOGY SYSTEM

Narrative:

EXAM: XR SHOULDER 2+ VIEWS LEFT

DATE: 10/25/2021 3:32 PM

INDICATION: post op

COMPARISON: 8, 20, 20

#### FINDINGS:

3 views of the left shoulder are obtained. There is fracture of threaded screw of the glenoid component of the left shoulder reverse TSA which is new since the previous examination. The components of prosthesis however are in anatomic alignment. The humeral component of prosthesis is intact. There is no suggestion of prosthetic loosening. Periarthral soft tissues are unremarkable.

#### Impression:

There is apparent fracture of threaded screw of the glenoid component of the left shoulder prosthesis.

Otherwise unchanged and grossly unremarkable.

Electronic Signed By: Attending Radiologist: Shahrooz Sepahdari

Signed on 10/26/2021 12:00 PM

Acknowledged by: Benjamin Goldberg, MD on 11/01/21 1537

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### Testing Performed By

Lab	Abbreviation	Name	Director	Address	Valid Date Range
24 - FS RAD		FOUNDATION RADIOLOGY SYSTEM	FOUNDATION RIS DIRECTOR	123 Anywhere Street Madison WI 53593	12/11/14 1431 - Present

### Indications

Postoperative state [Z98.890 (ICD-10-CM)]

### Signed

Electronically signed by Shahrooz Sepahdari, MD on 10/26/21 at 1200 CDT

UI HOSPITAL  
833 S Wood St, Suite B52  
CHICAGO IL 60612-7232

Boyce, Joseph  
MRN: 081082347, DOB: 9/29/1968, Sex: M  
Visit date: 8/24/2020

08/24/2020 - Office Visit - Legacy in Orthopaedics and Sports Medicine (continued)

**Clinical Notes (continued)**

**Review of Symptoms:**

Denies fever, chills, chest pain, shortness of breath, nausea, vomiting, constipation, diarrhea, headache, vision changes.

**Physical Examination:**

Physical Exam:

Gen: Well developed, well nourished, resting comfortably in no acute distress

Skin: Warm, dry

Head: Normocephalic, atraumatic

Neck: Supple, no tenderness

Eye: EOMI, normal conjunctiva

Ears/Nose/Throat: Moist mucous membranes

CV: Regular rate. Palpable radial pulses bilaterally. Brisk capillary refill <2 seconds in BUE.

Resp: Respirations are non-labored

MSK: L shoulder ROM with forward flexion to 120° left shoulder, 160° of right shoulder. Abduction to 140° on left 180° on the right. Pain with strength testing of abductor. Grip strength 5/5, symmetric. Sensation intact to light touch in median/ulnar/radial/axillary distributions.

Neuro: Alert and oriented to person, place, time and situation. Normal speech observed. No facial droop. Cranial Nerves II-XII are grossly normal

Psychiatric: Cooperative, Appropriate mood and affect, normal judgment

**Imaging:**

Reviewed bone scan and CT imaging from Sept 2019. Mild lucency, possible osteolysis around glenoid component. However, no significant subsidence detected. No evidence of infection.

New CT of left shoulder obtained last month demonstrates moderate lucency and osteolysis around the glenoid components as well as increased spacing between the humeral plate and humerus.

**Assessment and Plan:**

Patient is a 51-year-old male status post reverse total shoulder arthroplasty who presents with pain, worse with lifting activities. It has been a long-standing issue for the patient. Upon last exam dated 07/31/20 there was no fluid from aspiration of fluoroscopy to be sent for culture and inflammatory markers provided did not support an infectious etiology ( ESR is 13, CRP 5.2 CBC 4.7). Newley obtained CT and XRs consistent with loosening of implanted hardware. Discussed with patient that he may either live with his current pain or unfortunately with half ago extensive revision procedures. Patient opted for surgical intervention which may include a temporary antibiotic spacer and secondary surgery based off the presents of the hardware site or an immediate revision prosthesis. All expected benefits, material risks, (Include risks common to all surgery and risks specific for the proposed surgery) potential adverse effects, alternate treatments and the consequences of not having the surgery were discussed. Risks that may cause the patient to refuse surgery and specific circumstances for individual patients, such as work responsibilities, family issues, religious beliefs and insurance coverage, were considered. Surgery tentatively planned for 10/19/2020 with Dr. Goldberg. Pt added to I-drive. Packet not yet completed.

Patient voiced understanding of treatment plan.

Dr. Goldberg was present for evaluation and agrees with plan as above.

Mike Patetta

Orthopaedic Surgery Resident PGY1

pgr: 1066

On call pager (post 5pm and weekends) 1712

**Signature Line**

Electronically Signed on 08/24/20 05:30 PM

Patetta MD, Michael

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